

Mental Health Newsletter

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DEPARTMENT OF PUBLIC WELFARE
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Editorially Speaking

In August, 1962, Minnesota established the first of its Regional Mental Health Coordinating Committees. This is for the northwestern region, a vast agricultural area of 27 counties served by the Fergus Falls State Hospital and four community mental health centers. By year's end another regional committee—for the southwest region—will be under way. Another, for the eastern metropolitan area, is in active formation stages. Others are in more embryonic states. Thanks in part to a recent statewide workshop on aftercare, which highlighted problems of coordination, there appears to be active interest in the concept of regional coordinating groups.

The plan, although not intentionally plagiarized, is strikingly similar to that begun in New York in 1961. Committees are formed of a nuclear group from key agencies with mental health responsibilities in a given region of the state. In Minnesota these are the state hospital, the community mental health centers, the county welfare departments, and the state department of public welfare with its naturally existing coordinative and supervisory functions. For the community mental health centers, it is important that both staff and board be represented.

The objects of the committee are varied. At the outset emphasis is on two main duties: to advise the state central office in program planning and operation, and to share information among the membership itself. Ultimately the organization may prove itself as a forum for research and planning. A critical job to be done at all levels is to fix on mental health program goals that will take into account the structures of state and local government and the public needs. The regional concept is valid: these decisions must not be formulated at a level as abstruse as the state capital nor as fragmentary as the individual county.

The plan has met with a reasonable mixture of skepticism and acceptance. Objections as to its necessity are easily met. The need for coordination is self-evident. We have in Minnesota fine parts to what could be a magnificent machine. But it is a machine that still wants a smoother working of the parts.

Another objection encountered is jurisdictional anxiety, the feeling that here is a fancy device for taking away power rather than enhancing it, that the essential confrontations which are bound to occur and should occur will somehow lead to a loss of the individuality and creativity of local enterprise. This overlooks the principle of subsidiary, the concept that commitments can occur and operations can progress at various levels of organization in an interlocking and mutually respectful arrangement.

The objections appear neither serious nor deep. The times are ripe for this movement. Here is a way of venturing farther into "the untraveled parts of truth."

David J. Vail, M.D.
Director
Division of Medical Services



Names in the News

Dr. Victor Szyrnski, professor and head of the department of psychiatry, University of North Dakota School of Medicine was the principle speaker at a two-day meeting of upper midwest chaplains late in November. Mental hospital chaplains and other clergy from the surrounding five state area met for the first annual meeting of the Upper Midwest Region Association of Mental Hospital Chaplains.

Dr. Muhammad S. Kamal, director of the government mental hospital at Bethlehem, Jordan spent six days becoming acquainted with the Minnesota mental health program early in December. Dr. Kamal's three month's tour is sponsored by the Foreign Leader Program of the Bureau of Educational and Cultural Offices, U.S. Department of State.

Two staff members of the Nebraska Psychiatric Institute paid consultation visits to the DPW central office in December. Here to learn about the Minnesota program were *Mrs. Barbara Brown*, director of public information and volunteer services and *Miss Johanna De-Vries*, mental health nurse consultant.

Present by invitation at the Kennedy Foundation International Awards Dinner, December 6, in Washington, D.C. were *Dr. Galen H. Adkins*, superintendent of the Cambridge State School and Hospital and *C. M. Henderson*, superintendent of the Owatonna State School

Dr. John Docherty, staff psychiatrist at Rochester State Hospital for the past two years, is now resident psychiatrist at the Anoka State Hospital. Dr. Docherty is slated to assume the post of medical director at Anoka sometime in the near future.

Dr. Norvin R. Smith has been named acting medical director of the Hastings State Hospital. He succeeds *Dr. Ivan Sletten*, who resigned effective January 1, 1963.

Recently appointed to the St. Peter State Hospital medical staff is Internist *Dr. Jean C. Sauer*. During the past four years, Dr. Sauer has completed residencies in internal medicine, pathology and rheumatology at the Ottawa Civic Hospital, Ottawa, Canada. In addition, she served as clinical tutor in internal medicine at the University of Ottawa Medical School.

Newly appointed hospital social worker at Owatonna State School is *Lewis Murach*, a staff member for the past year at the Northern Wisconsin Colony and Training School, Chippewa Falls. Mr. Murach received his M.S.W. from the University of Wisconsin in 1961.

Psychologist *Mrs. Jacqueline Bernard* has joined the staff of the mental health research section in the DPW central office. Mrs. Bernard will assist in research studies and co-edit the department publication "Current Conclusions". She has previously been associated with the state mental health program at the Twin Cities Follow-Up-Clinic, and Willmar and Anoka State Hospitals.

Recent hospital psychology staff appointments include: Janice Harrison, Psychologist II at Moose Lake State Hospital, Maurice Elvekrog, Psychologist II at Cambridge, John Kendall, Psychologist II, St. Peter and Ensley Uyeno, Psychologist I at Willmar State Hospital.

"After Care" Topic At NIMH Sponsored Workshop

"Coordinating Services for After Care" was the subject of a three-day conference held in mid-November in Little Falls. Attendance included representatives from each community mental health center, each state hospital, from Vocational Rehabilitation county welfare executive directors, public health nurses and DPW district representatives and central office personnel.

The conference, a Technical Assistance Project, was co-sponsored by the DPW and the National Institute of Mental Health.

Guest speakers included Mr. Hyman Forstenzer, director, Community Mental Health Services, Department of Mental Hygiene, New York; Dr. Thomas McPartland, director of research, Greater Kansas City Mental Health Foundation, and Region VI U.S. P.H.S. consultant in social science; Mrs., Ruth Knee, psychiatric social work consultant, Community Services Branch, NIMH; Mr. Virgil Shoop, of the Region VI office, U.S. P.H.S. Kansas City; and Dr. David J. Vail, of DPW.

Copies of the proceedings of the conference will be available early in 1963.

Consultant On Community Social Services Appointed

Miss Marietta Babcock joined the DPW central office staff as community social services consultant in October. She fills the post formerly held by Dr. J. Lucille Poor, now director of social services at the Kenny Rehabilitation Institute, Minneapolis.

Miss Babcock, a graduate of the University of North Dakota, received her MSS degree from Smith College of Social Work, Northampton, Mass. She has had post masters training at the School of Social Service Administration of the University of Chicago.

Miss Babcock was supervisor of the Social Services Department at the University of Chicago Hospitals and Clinics for the past four years. Prior to that she held the position of chief psychiatric social worker at the Minneapolis General Hospital, the Children's Service Center of Wyoming Valley, Wilkes-Barre, Pa., and was psychiatric social work consultant for the Public Welfare Board of North Dakota.

Agency-Wide Volunteer Program Begins At Ramsey

Expansion and broadening of the volunteer program to include clients in all of the agency's service programs was undertaken recently at Ramsey County Welfare Department, St. Paul.

The volunteer program, a demonstration project financed by an NIMH grant and primarily designed for provisionally discharged mental patients, began in September, 1960. Results were so successful that the department decided to expand the program and support it through agency funds. Although now only several months old, the mushrooming program is serving mentally retarded, ADC, aged, blind and other clients of the welfare agency.

A report on the two-year demonstration project was issued recently. Copies are available from Miss Pearl Mitchell, Volunteer Services Coordinator, Ramsey County Welfare Department, St. Paul.

'Daytime Activity Centers'— Minnesota Plans for Retarded

PARENTS, AGENCIES, organizations and professionals concerned with appropriate planning for the retarded are looking with interest and anticipation at one of the newest developments in Minnesota—the establishment of daytime activity centers for the retarded. An important step in providing increased opportunities for the retarded, this program came about with the enactment by the 1961 State Legislature of the "Daytime Activity Project Center Law."

Three Centers—Olmsted County in Rochester; Kan-di-Meeker, with units in Litchfield and Willmar; and Freeborn County in Albert Lea started operation last February. Five others will begin operations in September, 1962. They are: Watonwan County, Madelia; Carlton County, Cloquet; St. Cloud Center, St. Cloud; Austin Center, in that city; and the Roseville Center, St. Paul. An application for a ninth center has been submitted for approval by the Wilder Foundation, St. Paul.

THE PREVADING philosophy behind these centers is that every member of our society shall have an opportunity, regardless of circumstances, to reach his own optimum capabilities. The center is thought of as a means to enable parents to provide appropriate plans for their children in the community when this is thought advisable, and to enable the child to live at home whenever this is possible. The aims and goals of these centers are to supplement the family and the home in providing programs of training for the retarded; to help the child or adult to achieve greater independence and to develop skills and abilities which will help him to live a more complete life. These are part of total array of services which include stepped-up recreation programs, family day care, homemaker service, special classes in the public schools, sheltered workshops, and temporary residential care.

The daytime activity center does not stand alone and isolated in the community. Built into the overall planning for these centers is a cooperative alignment of professional disciplines; civic, church and fraternal groups, and interested individuals. Since, in so many cases, the day care "door" is the first community portal opened to the mentally handicapped child when he is not considered eligible or ready for school, parents and child need all of the best knowledge and competence that can be brought into the picture to understand and get help for the child. Thus daytime activity centers should assure that medical diagnosis and medical supervision is available to the child and parent; that the competences and skills of physician, nurse, psychologist, educator, social worker, and rehabilitation specialist are pulled together toward a diagnosis, evaluation, and recommended treatment and training for the child.

In line with this, an admission or intake procedure is built into each center which will help in the appropriate placement and treatment of the child, and counseling to the parents.

Under the "Daytime Activity Project Center Law (Chapter 93, Laws of 1961)" an organization found eligible may be reimbursed up to 50 per cent of operating costs, but not including expenditures for rental, lease, or construction.

ESSENTIALLY THE LAW provides that any city, village, county or non-profit organization or combination of these may apply under this program. To be eligible, such an organization must provide daytime activities for preschool and post-school age trainable and educable children, or school-age children who are neither educable nor trainable under standards established by the state board of education.

An organization applying to provide such a center must comply with rules and regulations set up by the Commissioner of Public Welfare, who legally is responsible for supervision of these centers. Other required components are: counseling service to parents; and establishment of a board responsible for the administration of the centers. Programs must comply with the standards and regulations for day care centers as administered by the Standards and Licensing Section, Division of Child Welfare, DPW. The Commissioner may select and approve a center on the basis of need for the type of center suggested.

Supervisor of the Daytime Activity Center program is Miss Frances M. Coakely, supervisor, Section for Mentally Retarded and Epileptic, Minnesota Department of Public Welfare. An advisory committee appointed by the Commissioner of Public Welfare recommends policies, and makes recommendations for approval of applicants under the program.

The Department of Public Welfare emphasizes that daytime activity centers differ, with respect to financing, from other established day care centers existing prior to the enactment of the law. Up to 50 per cent reimbursement (through an appropriation by the Legislature) has been made available to centers found eligible under this Act. Local financing must be made for the other 50 per cent of the funding. Facilities currently approved have achieved local financing through private funds including Association for Retarded Children, and United funds; or combination of private and local governmental financing; or solely local governmental funds.

THE PROGRESS and development of the daytime activity centers will be observed with interest by many groups in the state. Periodic reports are being made to the Minnesota Governor's Committee on Exceptional, Handicapped, and Gifted Children, and to the State Legislature. Members of the Legislature have shown great interest in this program.

Dr. Maxwell Jones' Presentation Enjoyed by 200 at Fergus Falls

DR. MAXWELL JONES, noted psychiatrist, author and lecturer, defined the therapeutic community and set forth techniques by which it can be accomplished, before more than 200 people at Fergus Falls State Hospital August 30. Personnel from the psychiatric sections of the Mayo Clinic, the University of Minnesota, and the VA Hospitals at Fort Snelling and St. Cloud were invited to the presentation, in addition to personnel from the 17 community mental health centers, state hospitals, and Department of Public Welfare.

The well-known physician from London, England presently is education and research director for Oregon State Hospital. On August 31 he spent the day with Fergus Falls State Hospital staff and on wards with patients and staff demonstrating the concepts of the therapeutic community.

Hospital Echoes . . .

Members of the Lake Lillian, Minnesota (population 335) PTA on Sunday, August 5, hosted 34 men and women patients from *Willmar State Hospital* at a picnic in the village park. It was a demonstration of warm, spontaneous acceptance and understanding of the men-tally ill by a farming community 23 miles southeast of the hospital.

Following an afternoon of games and a picnic supper provided by 20 of the town's families, the Lake Lillian PTA president reported: "The patients conducted themselves perfectly—better than people at any picnic I have ever attended."

The 18 men and 16 women patients, accompanied by a psychiatric aide, made the round-trip to Lake Lillian by school bus.

It marked the seventh straight year that the Lake Lillian PTA had sponsored the picnic. Two years ago the organization was recognized by the National Association as having the only PTA-sponsored picnic in the country for mental patients. The event is only one of many volunteer services performed under the direction of the group's mental health committee, contributing to the network of such activities in Minnesota's state hospitals.

More than 100 patients enjoyed a piano recital at *St. Peter State Hospital* August 14, presented by eight patient pupils.

The performers were students of a volunteer piano instructor from Mankato, Minnesota, who has been visiting the hospital one morning a week for the past three years.

Among the 35 patients who learned piano from the professional volunteer teacher were long-term hospitalized patients and a woman who had never played a musical instrument before starting lessons at the hospital.

Mental Health Informational Materials Provided School and Public Libraries

STUDENTS, TEACHERS and other individuals in Minnesota seeking information on mental health have received some assistance from the Department of Public Welfare.

As part of its community mental health services pro-gram, the Division of Medical Services, DPW, has provided more than 300 mental health informational materials kits to public and school libraries in Minnesota. The kits, each containing 24 items covering Minnesota's mental health program, mental health and mental illness, mental retardation, careers in mental health, and alco-holism, were sent to county and regional public libraries, public libraries in communities of 1,000-and-over population, and to libraries in public schools with an enroll-ment of 1,000 and above.

"Placing these materials in public and school libraries will make the information source more accessible to people throughout Minnesota," Dr. Vail, director, Division of Medical Services, DPW said. "The interest in mental health on the part of students, faculty and others is constantly growing. Providing these materials may help to further develop this interest and thereby contribute to mental health activities in local communities, and perhaps encourage more students to consider career opportunities in mental health."

WILLMAR STATE HOSPITAL will hold its twelfth annual seminar on alcoholism October 13-14, on the theme: "Positive Mental Health as Related to Recovery in Alcoholism." More than 250 participants are anticipated. A panel discussion will start at 2 p.m., Saturday, October 13, with an Alcoholics Anonymous meeting at 7 p.m.

On Sunday morning, October 14, the Alanon (families and relatives of alcoholics) will give a presentation on the seminar theme. The afternoon will be devoted to a preview of a new film on alcoholism.

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